

## EXHIBIT 14

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

In re: §  
GALLERIA 2425 Owner, LLC § Case No. 23-34815 (JPN)  
Debtor. § Chapter 11  
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**JETALL COMPANIES, INC.'S SUGGESTION OF BANKRUPTCY**

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**To the Honorable Court:**

Please take notice that on December 4, 2024, at 9:12 p.m., an Involuntary Chapter 11 Bankruptcy Petition was filed against Jetall Companies, Inc. in the United States Bankruptcy Court for the Western District of Texas, Austin Division. A copy of the petition is attached as **Exhibit 1**.

DATED: December 5, 2024

Respectfully submitted,

*/s/ J. Carl Cecere*

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(admitted pro hac vice)  
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**CERTIFICATE OF SERVICE**

The undersigned certifies that on December 5, 2024, a true and correct copy of the foregoing was served via the Court's CM/ECF system to all parties who are deemed to have consented to ECF electronic service, and via email to those listed below..

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*/s/ J. Carl Cecere*  
**J. Carl Cecere**

## Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of \_\_\_\_\_  
(State)  
Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_ Check if this is an amended filing

## Official Form 205

**Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed**

## 1. Chapter of the Bankruptcy Code

Check one:

Chapter 7  
 Chapter 11

**Part 2: Identify the Debtor**

## 2. Debtor's name

Jetall Companies, Inc.

## 3. Other names you know the debtor has used in the last 8 years

Include any assumed names, trade names, or *doing business as* names.

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## 4. Debtor's federal Employer Identification Number (EIN)

 Unknown5 4 — 2 1 8 2 0 8 9  
EIN

## 5. Debtor's address

Principal place of business

13498 Pond Springs Rd.

Number Street

Mailing address, if different

Number Street

Austin

City

TX

State

78729

ZIP Code

P.O. Box

City

State

ZIP Code

Williamson County

County

Location of principal assets, if different from principal place of business

Number Street

City

State

ZIP Code

Debtor Jetall Companies, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

6. Debtor's website (URL) \_\_\_\_\_

7. Type of debtor  Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other type of debtor. Specify: \_\_\_\_\_8. Type of debtor's business *Check one:* \_\_\_\_\_

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the types of business listed.  
 Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?  No  
 Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY
 Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY
**Part 3: Report About the Case**

10. Venue

*Check one:* \_\_\_\_\_

Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
 A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

*At least one box must be checked:*

The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
 Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

 No Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).



Debtor \_\_\_\_\_  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Name \_\_\_\_\_

Printed name \_\_\_\_\_

Number Street \_\_\_\_\_

Firm name, if any \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number Street \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number Street \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Bar number \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

State \_\_\_\_\_

Executed on \_\_\_\_\_  
MM / DD / YYYY**X**

Signature of attorney \_\_\_\_\_

**X**

Signature of petitioner or representative, including representative's title \_\_\_\_\_

Date signed \_\_\_\_\_

MM / DD / YYYY

**Name and mailing address of petitioner**

Name \_\_\_\_\_

Printed name \_\_\_\_\_

Number Street \_\_\_\_\_

Firm name, if any \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number Street \_\_\_\_\_

**Name and mailing address of petitioner's representative, if any**

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Number Street \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Bar number \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

State \_\_\_\_\_

Executed on \_\_\_\_\_  
MM / DD / YYYY**X**

Signature of attorney \_\_\_\_\_

**X**

Signature of petitioner or representative, including representative's title \_\_\_\_\_

Date signed \_\_\_\_\_

MM / DD / YYYY